ADDENDUM #2 RFP E-4 8-14-2002

1. The structure for SOP suggests stepping-down clients during treatment, but the structure for IOP does not allow for stepping down. I believe that with the current language, IOP must always be either (2), 3-hour sessions per week or (3), 2-hour sessions per week. Can we build in a step-down structure to this modality as well?

Yes, please indicate how this is to be done in you proposal.

2. Can Lapse/Relapse and Motivational Enhancement be less than 16 sessions?

Yes, please indicate how many sessions you propose for these groups.

3. These 2 sections refer to "Area of Service." Is Area of Service the same as treatment modality (i.e. Lapse/Relapse, Motivational Enhancement, etc.)? Under 16.4.4. do we need to write a separate section for SOP and IOP?

Separate sections need to be written for IOP and for SOP.

4. There are 11 questions we are required to respond to for each modality. Do you want separate responses for SOP and IOP? Based on the format structure that the RFP provides on p.22 (16.4), where precisely in our proposal would you like to have these 11 responses? Perhaps in 16.4.4?

Separate sections should be written for IOP and SOP programs. The eleven questions should be responded to within the Areas of Service section 16.4.4.

- 5. Once the contracts are awarded, will there be specific criterion for deciding to which agency specific referrals are sent? Will the following factors be considered?
 - Office location
 - Quality of previous services provided
 - Previous level of compliance with contract specifications

There will be criteria that are considered when making treatment referrals. The criteria will include factors such as, location of services, capacity, special needs of the client, contract status and compliance issues.

6. Section 16.4.4 ends with "...to include the information specified below." What specific information is this referring to?

This refers to the information contained in section 16.5.

7. Section 5.1.1 states "...contractors shall include screening for Title 19 & Title 21 for probationers referred to community providers." What will be required for the Title 19 & Title 21 screening? What do we do with probationers who are eligible for Title 19 or Title 21?

The MCAPD is currently working with AHCCCS to have internal staff complete the initial screening on Title 19/Title 21 services. Clients who are eligible to receive Title 19 or Title 21 services will need to be referred to an agency that is approved through AHCCCS/DES.

- 8. How long has this program been in existence and who is/are the current vendor(s)?
 - First awarded on Oct. 12, 1998
 - We currently have 12 providers
 - Avalon
 - Chicanos por la Causa
 - Concepts for Change
 - Desert Winds
 - Family Service Agency
 - Ebony House
 - Mountain Valley
 - New Horizons
 - Sage Counseling
 - Southwest Behavioral
 - TASC, Inc
 - Terros
- 9. How many referrals were made by MCAPD last year for treatment services?
 - 2191 referred
- 10. Is it possible to obtain the copay schedule utilized by MCAPD to determine copay levels?
 - We are currently working on the co-pay schedule.
- Would your agency have the ability to provide separate treatment groups for probationers between the ages of 18 to 25 years old? If so what would those services look like?
 - Please provide a program narrative.
- 12. Should this be a blind proposal? Use the term vendor in place of agency's name?
 - Because we are asking for information on each counselor, i.e. certifications and diplomas, I believe it would be difficult to have a blind proposal.
- 12. RE: Section 4.3.4.11 if group size is below minimum expectations, can other populations be blended into the same treatment groups as the DTEF? This includes DOC and APD clients?
 - Groups may be blended, however, MCAPD must first be notified and approval granted.

- 13. RE: Section 4.2.4 Are counselors certified as MFT's, BSW's, MSW's etc approved to provide services under this contract?
 - Per Arizona Code of Judicial Administration Section 6-205 Drug Treatment and Education approved certifications include: Arizona Board of Behavioral Health Examiners as a certified substance abuse counselor (CSAC0, certified associate counselor (CAC), certified professional counselor (CPC); Arizona Board of certified addiction counselors as a certified alcohol and drug abuse counselors (CADAC) National accreditation of alcohol and drug abuse counselors (NCACI, NCACII, MAC); or Other professionally recognized substance abuse counseling accreditation approved by the administrative director.
- 14. RE: Section 4.4.7 states providers cannot formally terminate clients from treatment services without prior authorization from MCAPD personnel. Does Authorization need to be approved by the DTEF team prior to termination taking place when the probation officer contacts provider and requests a discharge to take place.
 - No, as long as there has been prior approval granted by MCAPD personnel.
- 15. RE: Section 5.1.2 Co-pay for services are determined by the MCAPD prior to the client's attendance in group. Will the co-pay be clearly documented on the referral before the client is contacted to set up services?
 - Yes
- 16. What is the total budge amount allocated for DTEF per physical year?
 - At this point the total amount for this fiscal year has not yet been determined.